<u>CITY OF FAIRFAX</u> 10455 Armstrong Street, Fairfax, VA 22030 Community Development and Planning Phone: 703-385-7820 Fax: 703-385-7824

Grading, Filling or Excavating Permit Account # 313310

| Major (PW Director approval rec Minor (Zoning Administrator app | roval required) |
|---|--|
| Development Name/Location: | G.P. # |
| Dimension of area: | Depth of Area: |
| Reason: | |
| What will be done with the disturbed. | lisplaced land: |
| | THORIZATIONSTATEMENT |
| Administrator (Director/Administrat | 0-338 and 110-339 and insofar as the Director of Public Works/Zoning r) has the right and power, PERMISSION is hereby given to (add |
| topsoil or trees or other vegetative co | ver as shown on the approved (check one) Erosion and Sediment Control ned development and/or attached sketch. |
| Director/Administrator as inspected by at its discretion, complete the major issue civil penalty fines for major at | g and excavating work to be completed in a manner satisfactory to the the City's Site/Facilities Inspector, and if not so completed the Director may, work at the expense of the applicant. The Administrator may, at its discretion, and minor work not completed according to the approved plan. The City of over the subject matter of this permit. |
| | e Treasurer, City of Fairfax, in the amount of \$ (Inspection (Performance Bond) to guarantee the faithful performance of the major drequired for minor work. |
| Approval Date: | Time Limit Expiration |
| By: Director/Administrator | |
| | KNOWLEDGEMENTSTATEMENT |
| This permit is accepted and understood following signatures: | d to be limited to work as shown on the approved plan and as attested to by the |
| Property Owner Name: | Signature: |
| Address: | Zip Code |
| Contractor Name: | Signature: |
| Address: | Zip Code |

Note: THIS PERMIT MUST BE KEPT ON THE WORK SITE AND SHOWN WHEN REQUESTED.

This permit becomes invalid upon expiration of the time limit. An extension of time may be requested if the work is underway but not completed.